

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2012 APR 17 AM 11:54

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5
FEC MAIL CENTER

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

POB 940661

Check if different
than previously
reported. (ACC)

SIMI VALLEY

CA

93094-0661

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00507533

3. IS THIS
REPORT

NEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

X

April 15
Quarterly Report (Q1)

July 15
Quarterly Report (Q2)

October 15
Quarterly Report (Q3)

January 31
Year-End Report (YE)

July 31 Mid-Year
Report (Non-election
Year Only) (MY)

Termination Report
(TER)

(b) Monthly
Report
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

in the
State of

(d) 30-Day

POST-Election

Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the
State of

5. Covering Period

01 01 2012

through

03 31 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

GARY WILMOTT

Signature of Treasurer

Gary Wilcott

Date

04 10 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ARTICLE II SUPER PAC

Report Covering the Period:

From:

01 / 01 / 2012

To:

03 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		1023.36 272.50
(b) Cash on Hand at Beginning of Reporting Period.....	1023.36	
(c) Total Receipts (from Line 19)	9,446.50	9,446.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10,469.86	10,469.86
7. Total Disbursements (from Line 31)	6001.01	6001.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4,468.85	4,468.85
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

12030782941

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ARTICLE II SUPER PAC

Report Covering the Period:

From:

01 / 01 / 2012

To:

03 / 31 / 2012

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

9,446.50

9,446.50

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add
Lines 11(a)(i) and (ii)).....▶

9,446.50

9,446.50

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees
(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

9,446.50

9,446.50

**12. Transfers From Affiliated/Other
Party Committees.....**

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

**15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....**

0.00

0.00

**16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....**

0.00

0.00

**17. Other Federal Receipts
(Dividends, Interest, etc.).....**

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶**

9,446.50

9,446.50

**20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶**

9,446.50

9,446.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	6,001.01	6,001.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6,001.01	6,001.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6,001.01	6,001.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6,001.01	6,001.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9,446.50	9,446.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9,446.50	9,446.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6,001.01	6,001.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6,001.01	6,001.01

12030782944

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) ANONYMOUS</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 12.00</p>		<p>Date of Receipt MM / DD / YYYY 01 / 24 / 2012</p> <p>Amount of Each Receipt this Period 12.00</p>
<p>B. Full Name (Last, First, Middle Initial) BARCHFIELD, TOM</p> <p>Mailing Address 1 GLEN ELM DRIVE APT. 11</p> <p>City State Zip Code PITTSBURGH PA 15236-4808</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation LEGACY LANES, INC. CLEANING CREW</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt MM / DD / YYYY 01 / 04 / 2012</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name (Last, First, Middle Initial) BENNETT, ROY</p> <p>Mailing Address 3730 CADBURY CIRCLE APT. 421</p> <p>City State Zip Code VENICE FL 33293</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED U.S. NAVY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 100.00</p>		<p>Date of Receipt MM / DD / YYYY 01 / 04 / 2012</p> <p>Amount of Each Receipt this Period 100.00</p>

SUBTOTAL of Receipts This Page (optional).....▶

362.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BENTLEY, LINDA			Date of Receipt MM / DD / YYYY 01 / 04 / 2012
Mailing Address 5926 E. BLUE RIDGE DRIVE			Amount of Each Receipt this Period 10.00
City CAVE CREEK	State AZ	Zip Code 85331-8804	
FEC ID number of contributing federal political committee. C			
Name of Employer SONDRAN NEWS		Occupation REPORTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10.00	

Full Name (Last, First, Middle Initial) B. BERRY, PATRICIA			Date of Receipt MM / DD / YYYY 01 / 04 / 2012
Mailing Address 7513 CLAYTON DRIVE			Amount of Each Receipt this Period 25.00
City OKLAHOMA CITY	State OK	Zip Code 73132	
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED		Occupation SPEECH PATHOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) C. BRANNON, DENNIS			Date of Receipt MM / DD / YYYY 01 / 18 / 2012
Mailing Address P.O. BOX 806			Amount of Each Receipt this Period 50.00
City FAYETTEVILLE	State GA	Zip Code 30214	
FEC ID number of contributing federal political committee. C			
Name of Employer SELF		Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional)..... **85.00**

TOTAL This Period (last page this line number only).....

12030782946

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **BRINK, BARBARA**

Mailing Address

28 QUARRY KNLS

City

GREENWICH

State

CT.

Zip Code

06830-6736

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

DOMESTIC

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

01 07 2012

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. **CICCONE, JOSEPH**

Mailing Address

413 LAKEWOOD ROAD

City

NEPTUNE

State

NJ.

Zip Code

07753

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 05 2012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. **DANIELS, SUSAN**

Mailing Address

9754 THWING ROAD

City

CHARDON

State

OH

Zip Code

44024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SUSAN DANIELS & ASSOC.

PRIVATE INVESTIGATION

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

01 04 2012

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

80.00

TOTAL This Period (last page this line number only).....

12030782947

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **FLAHERTY, THOMAS**

Mailing Address

208 WAYNE TERR.

City

COLLINGSWOOD

State

NJ.

Zip Code

08108

FEC ID number of contributing
federal political committee.

C

Name of Employer

A NEW DAY COUNSELING

Occupation

COUNSELOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

01 / 05 / 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. **HARNAGE, PAMELA**

Mailing Address

6975 HARNAGE CT.

City

AUBURN

State

CA

Zip Code

95602

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

OWNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

01 / 04 / 2012

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. **HONG, LYNDON**

Mailing Address

67-41 BURNS ST. APT. 614

City

FOREST HILLS

State

NY

Zip Code

11375

FEC ID number of contributing
federal political committee.

C

Name of Employer

CAFE FIDORELLIS

Occupation

WAITER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

01 / 04 / 2012

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶

135.00

TOTAL This Period (last page this line number only).....▶

1

12030782948

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LACONIS, GARY		Date of Receipt MM / DD / YYYY 01 / 24 / 2012
Mailing Address 1500 MAGNOLIA LANE		Amount of Each Receipt this Period 1,000.00
City KINGWOOD	State Zip Code TX 77339	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation BUSINESSMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

Full Name (Last, First, Middle Initial) B. MARSHALL, THOMAS		Date of Receipt MM / DD / YYYY 01 / 17 / 2012
Mailing Address 1734 FOXTAIL LANE		Amount of Each Receipt this Period 25.00
City KINGSPORT	State Zip Code TN 37660	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) C. MAY, MICHAEL J.		Date of Receipt MM / DD / YYYY 01 / 04 / 2012
Mailing Address 195 CARMELITE AVE. NW		Amount of Each Receipt this Period 5.00
City PALM BAY	State Zip Code FL 32907	
FEC ID number of contributing federal political committee. C		
Name of Employer BEAUFORT COUNTY	Occupation ELECTIONS SUPERV.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.00	

SUBTOTAL of Receipts This Page (optional)..... **1,030.00**

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) MCCALLISTER, THOMAS		Date of Receipt MM / DD / YYYY 01 / 11 / 2012
Mailing Address 78 PANDOST ROAD		Amount of Each Receipt this Period 25.00
City WARETOWN	State Zip Code NJ. 08758	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25.00

B. Full Name (Last, First, Middle Initial) MENDOCHA, JACK		Date of Receipt MM / DD / YYYY 01 / 24 / 2012
Mailing Address 1411 ONAGON BEACH		Amount of Each Receipt this Period 100.00
City BATTLE CREEK	State Zip Code MI 49014	
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100.00

C. Full Name (Last, First, Middle Initial) MERTZ, JACK R.		Date of Receipt MM / DD / YYYY 01 / 04 / 2012
Mailing Address 3353 ATWELL AVE.		Amount of Each Receipt this Period 10.00
City LADY LAKE	State Zip Code FL 32162	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation SELF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶

135.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) MORSE, CHRIS G.		Date of Receipt 01 / 18 / 2012
Mailing Address P.O. BOX 758 174 PATTEE HILL		Amount of Each Receipt this Period 50.00
City ROADGOTTSDOWN	State NH	
Zip Code 03045		
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation DISABLED VET	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 50.00		

B. Full Name (Last, First, Middle Initial) OTTERMAN, ROY		Date of Receipt 01 / 06 / 2012
Mailing Address 334 N. ELM ST.		Amount of Each Receipt this Period 5.00
City BUTLER	State PA	
Zip Code 16001		
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation DISABLED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 5.00		

C. Full Name (Last, First, Middle Initial) LAZZANO, GABRIEL R.		Date of Receipt 01 / 17 / 2012
Mailing Address 135 GORDON PL.		Amount of Each Receipt this Period 104.50
City FREEMONT	State NY	
Zip Code 11520		
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation CARPENTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 104.50		

SUBTOTAL of Receipts This Page (optional).....▶

159.50

TOTAL This Period (last page this line number only).....▶

12030782951

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) RESSEGUIE, CHARLES</p>		<p>Date of Receipt M M / D D / Y Y Y Y 01 04 2012</p>	
<p>Mailing Address 4254 STATE HWY 23</p>		<p>Amount of Each Receipt this Period , , 50.00</p>	
<p>City State Zip Code NORWICH NY 13815</p>			
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period , , 10.00</p>	
<p>Name of Employer Occupation SELF CERAMIC TILE CONTRACTOR</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) SD.00</p>		<p>Aggregate Year-to-Date SD.00</p>	
<p>B. Full Name (Last, First, Middle Initial) RESTO, FERDINAND</p>		<p>Date of Receipt M M / D D / Y Y Y Y 01 06 2012</p>	
<p>Mailing Address 36 MADELINE AVE. APT. 1</p>		<p>Amount of Each Receipt this Period , , 10.00</p>	
<p>City State Zip Code CLIFTON NJ 07011</p>			
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period , , 10.00</p>	
<p>Name of Employer Occupation RETIRED LAW ENFORCEMENT</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 10.00</p>		<p>Aggregate Year-to-Date 10.00</p>	
<p>C. Full Name (Last, First, Middle Initial) SELF, JAMES</p>		<p>Date of Receipt M M / D D / Y Y Y Y 01 05 2012</p>	
<p>Mailing Address 1741 MAJORCA DR.</p>		<p>Amount of Each Receipt this Period , , 10.00</p>	
<p>City State Zip Code YUBA CITY CA 95993</p>			
<p>FEC ID number of contributing federal political committee. C</p>		<p>Amount of Each Receipt this Period , , 10.00</p>	
<p>Name of Employer Occupation RETIRED RETIRED</p>			
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 10.00</p>		<p>Aggregate Year-to-Date 10.00</p>	

SUBTOTAL of Receipts This Page (optional).....▶

, , **70.00**

TOTAL This Period (last page this line number only).....▶

, , *

12030782952

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) SHORLAND, ROBERT		Date of Receipt MM / DD / YYYY 01 / 27 / 2012
Mailing Address 970 SAVANNAH ST.		Amount of Each Receipt this Period 10.00
City CALHOUN FALLS	State SC	
Zip Code 29628		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer SELF	Occupation RANCHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

B. Full Name (Last, First, Middle Initial) STOLTE, JOHN		Date of Receipt MM / DD / YYYY 01 / 04 / 2012
Mailing Address 11006 BORTH AVE.		Amount of Each Receipt this Period 25.00
City KANSAS CITY	State MO	
Zip Code 64134		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer N/A	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

C. Full Name (Last, First, Middle Initial) TURNER, NEIL		Date of Receipt MM / DD / YYYY 01 / 04 / 2012
Mailing Address 2299 BRYANT DRIVE		Amount of Each Receipt this Period 25.00
City CARLSBAD	State CA	
Zip Code 92008		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer SELF	Occupation MARKETING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

SUBTOTAL of Receipts This Page (optional).....▶

60.00

TOTAL This Period (last page this line number only).....▶

60.00

12030782953

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) WILMOTT, GARY		Date of Receipt MM / DD / YYYY 01 03 2012
Mailing Address 465 PARKVIEW CT.		Amount of Each Receipt this Period , 150.00
City SIMI VALLEY	State CA	
Zip Code 93065		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation LEGAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 150.00		

B. Full Name (Last, First, Middle Initial) WILMOTT, GARY		Date of Receipt MM / DD / YYYY 01 24 2012
Mailing Address 465 PARKVIEW CT.		Amount of Each Receipt this Period , 200.00
City SIMI VALLEY	State CA	
Zip Code 93065		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation LEGAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 350.00		

C. Full Name (Last, First, Middle Initial)		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼		

SUBTOTAL of Receipts This Page (optional).....

, 350.00

TOTAL This Period (last page this line number only).....

JANUARY 2012

2466.50

12030782954

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) BABER, PATRICIA		Date of Receipt MM / DD / YYYY 02 / 02 / 2012
Mailing Address 5131 ROSEBAY CT.		Amount of Each Receipt this Period 10.00
City JACKSONVILLE	State FL Zip Code 32207	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation FINANCIAL ANALYST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

B. Full Name (Last, First, Middle Initial) BALLINGER, JAMES		Date of Receipt MM / DD / YYYY 02 / 02 / 2012
Mailing Address 1208 DISCHER DRIVE		Amount of Each Receipt this Period 100.00
City FRANKFORT	State KY Zip Code 40601	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

C. Full Name (Last, First, Middle Initial) BARBER, MONTY		Date of Receipt MM / DD / YYYY 02 / 08 / 2012
Mailing Address 171 HILL PLACE		Amount of Each Receipt this Period 50.00
City WISCONSIN DELLS	State WI Zip Code 53965	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional).....▶

160.00

TOTAL This Period (last page this line number only).....▶

12030782955

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) BATCHELLER, EDITH</p>		<p>Date of Receipt M M / D D / Y Y Y Y 02 03 2012</p>
<p>Mailing Address 118 N. COTTONWOOD ST.</p>		<p>Amount of Each Receipt this Period 10.00</p>
<p>City ROLAND</p>	<p>State IA</p>	
<p>Zip Code 50236</p>		
<p>FEC ID number of contributing federal political committee. C</p>		
<p>Name of Employer SELF</p>	<p>Occupation HOME MAKER</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Aggregate Year-to-Date ▼ 10.00</p>		
<p>FEC ID number of contributing federal political committee. C</p>		
<p>B. Full Name (Last, First, Middle Initial) BEARD, JOHN</p>		<p>Date of Receipt M M / D D / Y Y Y Y 02 07 2012</p>
<p>Mailing Address 407D DE CLIFF - BIG ISLAND ROAD</p>		<p>Amount of Each Receipt this Period 100.00</p>
<p>City MARION</p>	<p>State OH</p>	
<p>Zip Code 43302</p>		
<p>FEC ID number of contributing federal political committee. C</p>		
<p>Name of Employer</p>	<p>Occupation RETIRED</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Aggregate Year-to-Date ▼ 100.00</p>		
<p>FEC ID number of contributing federal political committee. C</p>		
<p>C. Full Name (Last, First, Middle Initial) BLACK, JIM</p>		<p>Date of Receipt M M / D D / Y Y Y Y 02 08 2012</p>
<p>Mailing Address 900 NO. BIRCH RD.</p>		<p>Amount of Each Receipt this Period 50.00</p>
<p>City FT. LAUDERDALE</p>	<p>State FL</p>	
<p>Zip Code 33304</p>		
<p>FEC ID number of contributing federal political committee. C</p>		
<p>Name of Employer RETIRED</p>	<p>Occupation RETIRED</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Aggregate Year-to-Date ▼ 50.00</p>		
<p>FEC ID number of contributing federal political committee. C</p>		

SUBTOTAL of Receipts This Page (optional).....▶

160.00

TOTAL This Period (last page this line number only).....▶

12030782956

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) BLAKE, MARY</p> <p>Mailing Address P.O. BOX 1450</p> <p>City TAHLEQUAH State OK Zip Code 74465</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RIVERSIDE PACKAGING Occupation CASHIER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 10.00</p>		<p>Date of Receipt MM / DD / YYYY 02 / 07 / 2012</p> <p>Amount of Each Receipt this Period 10.00</p>
<p>B. Full Name (Last, First, Middle Initial) BOYD, MICHAEL</p> <p>Mailing Address 600 CORDILLERA CT.</p> <p>City FOLSOM State CA Zip Code 95630</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SELF Occupation SALES.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 10.00</p>		<p>Date of Receipt MM / DD / YYYY 02 / 08 / 2012</p> <p>Amount of Each Receipt this Period 10.00</p>
<p>C. Full Name (Last, First, Middle Initial) BRICKER, SALLY</p> <p>Mailing Address 259 MAPLE HILL RD.</p> <p>City TONY State AL Zip Code 35773</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer BUSINESS RECORDS Occupation SECRETARY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 50.00</p>		<p>Date of Receipt MM / DD / YYYY 02 / 02 / 2012</p> <p>Amount of Each Receipt this Period 50.00</p>
<p>SUBTOTAL of Receipts This Page (optional).....▶</p>		<p>70.00</p>
<p>TOTAL This Period (last page this line number only).....▶</p>		<p></p>

12030782957

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:		PAGE		OF	
(check only one)					
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) BRODAN, EDWARD		Date of Receipt MM / DD / YYYY 02 / 08 / 2012
Mailing Address 233 SAWMILL RUN DRIVE		Amount of Each Receipt this Period 50.00
City CANFIELD	State OH	
Zip Code 44406		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 50.00

B. Full Name (Last, First, Middle Initial) BRYAN, BARBIE		Date of Receipt MM / DD / YYYY 02 / 02 / 2012
Mailing Address 109 PLANTATION PT.		Amount of Each Receipt this Period 5.00
City ANDERSON	State SC	
Zip Code 29625		
FEC ID number of contributing federal political committee. C		
Name of Employer UNEMPLOYED	Occupation PHARM TECH.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5.00

C. Full Name (Last, First, Middle Initial) CARLSON, ARLENE		Date of Receipt MM / DD / YYYY 02 / 08 / 2012
Mailing Address 2847 FESTIVAL PO BOX 6162		Amount of Each Receipt this Period 10.00
City HELENA	State MT	
Zip Code 59604		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10.00

SUBTOTAL of Receipts This Page (optional).....▶

65.00

TOTAL This Period (last page this line number only).....▶

12030782958

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **CARMODY, JOAN**

Mailing Address

4 PETER CODDER RD. #12D

City

NEW YORK CITY

State

NY

Zip Code

10010

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

02 03 2012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. **CHANG, MARIA**

Mailing Address

75 PARNASSUS RD.

City

BERKELEY

State

CA

Zip Code

94708

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

PROFESSOR / AUTHOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

02 08 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. **CHARMAK, SHEILA**

Mailing Address

1 GATES PLACE

City

TAPPAN

State

NY

Zip Code

10983

FEC ID number of contributing
federal political committee.

C

Name of Employer

NW PHARMACY

Occupation

PHARMACY TECH

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

02 08 2012

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional).....▶

40.00

TOTAL This Period (last page this line number only).....▶

12030782959

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) CHRISTIANSEN, SHANE		Date of Receipt MM / DD / YYYY 02 07 2012
Mailing Address 8210 PIONEER DRIVE		Amount of Each Receipt this Period 50.00
City ANCHORAGE	State AK	
Zip Code 99504		
FEC ID number of contributing federal political committee. C		
Name of Employer MDA / SWS	Occupation ENGINEERING TECH.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

B. Full Name (Last, First, Middle Initial) DAVIS, JAMES		Date of Receipt MM / DD / YYYY 02 22 2012
Mailing Address P.O. BOX 147		Amount of Each Receipt this Period 10.00
City BEAR STATION	State TN	
Zip Code 37708		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

C. Full Name (Last, First, Middle Initial) DAVIS, JOE		Date of Receipt MM / DD / YYYY 02 07 2012
Mailing Address 6121 E. CALLE TUBERIA		Amount of Each Receipt this Period 10.00
City SCOTTSDALE	State AZ	
Zip Code 85251		
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation BROKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶

12030782960

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) DEY, PATRICIA</p>		<p>Date of Receipt MM / DD / YYYY 02 03 2012</p>
<p>Mailing Address 20 VEITH PL.</p>		<p>Amount of Each Receipt this Period 25.00</p>
<p>City STATEN ISLAND</p>	<p>State NY</p>	
<p>Zip Code 10312-5733</p>		
<p>FEC ID number of contributing federal political committee. C</p>		
<p>Name of Employer</p>		<p>Amount of Each Receipt this Period 25.00</p>
<p>Occupation</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Aggregate Year-to-Date ▼ 25.00</p>		
<p>B. Full Name (Last, First, Middle Initial) EATON, JUDY</p>		<p>Date of Receipt MM / DD / YYYY 02 07 2012</p>
<p>Mailing Address 36528 IRONHORSE DRIVE</p>		<p>Amount of Each Receipt this Period 25.00</p>
<p>City PALMDALE</p>	<p>State CA</p>	
<p>Zip Code 93550</p>		
<p>FEC ID number of contributing federal political committee. C</p>		
<p>Name of Employer RETIRED</p>		<p>Amount of Each Receipt this Period 25.00</p>
<p>Occupation COURT REPORTER</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Aggregate Year-to-Date ▼ 25.00</p>		
<p>C. Full Name (Last, First, Middle Initial) FENION, JOHN</p>		<p>Date of Receipt MM / DD / YYYY 02 03 2012</p>
<p>Mailing Address 12404 NE BRIGANTINE CT.</p>		<p>Amount of Each Receipt this Period 100.00</p>
<p>City KINGSTON</p>	<p>State WA</p>	
<p>Zip Code 98346</p>		
<p>FEC ID number of contributing federal political committee. C</p>		
<p>Name of Employer FIRST WASHINGTON</p>		<p>Amount of Each Receipt this Period 100.00</p>
<p>Occupation FINANCE</p>		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Aggregate Year-to-Date ▼ 100.00</p>		

SUBTOTAL of Receipts This Page (optional)..... ▶

150.00

TOTAL This Period (last page this line number only)..... ▶

12030782961

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) FLORENTZ, ROBERT		Date of Receipt MM / DD / YYYY 02 22 2012
Mailing Address 1750 W. LAMBERT RD. #130		Amount of Each Receipt this Period 25.00
City LA HABRA	State Zip Code CA 90631	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation HANDYMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

B. Full Name (Last, First, Middle Initial) FRITZ, EDWARD		Date of Receipt MM / DD / YYYY 02 03 2012
Mailing Address 8611 NORMANDY WAY		Amount of Each Receipt this Period 100.00
City ARGYLE	State Zip Code TX 76226	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation SELF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

C. Full Name (Last, First, Middle Initial) GAGER, THEODORE		Date of Receipt MM / DD / YYYY 02 03 2012
Mailing Address 757 HUGUENOT AVE.		Amount of Each Receipt this Period 50.00
City STATEN ISLAND	State Zip Code NY 10312	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

12030782962

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **GREENBERG, JOSEPH**

Mailing Address

P.O. BOX 377 BIRCHWOOD LANE

City

GOSHEN

State

CT

Zip Code

06756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

02 07 2012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. **GREENBERG, JOSEPH**

Mailing Address

P.O. BOX 377 12 BIRCHWOOD LANE

City

GOSHEN

State

CT

Zip Code

06756

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

15.00

Date of Receipt

02 22 2012

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. **GUTMAN, ROBERT & LAURA**

Mailing Address

310 WATTS ST.

City

DURHAM

State

NC

Zip Code

27701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

02 13 2012

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶

115.00

TOTAL This Period (last page this line number only).....▶

12030782963

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) HARVATH, VICKI		Date of Receipt 02 03 2012
Mailing Address 208 MELBOURNE BLVD.		Amount of Each Receipt this Period 10.00
City ELETON	State MD Zip Code 21921	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer	Occupation UNEMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

B. Full Name (Last, First, Middle Initial) HEGER, TERRY		Date of Receipt 02 06 2012
Mailing Address P.O. BOX 10565		Amount of Each Receipt this Period 5.00
City COLORADO SPRINGS	State CO Zip Code 80932	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer ELITE PROPERTIES	Occupation MAINT. ENGR.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.00	

C. Full Name (Last, First, Middle Initial) HLADYSH, ROY		Date of Receipt 02 08 2012
Mailing Address 1661 ROCKY RIVER COURT		Amount of Each Receipt this Period 25.00
City SIMI VALLEY	State CA Zip Code 93063	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer HCCS	Occupation CONSULTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

SUBTOTAL of Receipts This Page (optional).....▶

40.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **HODGES, JOHN**

Mailing Address

P.O. BOX 55147

City

NORFOLK

State

VA

Zip Code

23505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

02 02 2012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. **HONG, LYNDON**

Mailing Address

67-41 BURNS ST. APT. 614

City

FOREST HILLS

State

NY

Zip Code

11375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

CAFE FIDELLIS

WAITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

02 02 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. **HOWARD, WALTER**

Mailing Address

7601 GAMBLE RD.

City

GEORGETOWN

State

TN

Zip Code

37336

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

02 07 2012

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶

85.00

TOTAL This Period (last page this line number only).....▶

12030782965

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) HOXIE, GORDON</p> <p>Mailing Address 4075 LONGHOLLOW DR.</p> <p>City MEMPHIS State TN Zip Code 38128</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation LAYOUT DESIGNER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date 10.00</p>		<p>Date of Receipt 02 07 2012</p> <p>Amount of Each Receipt this Period 10.00</p>
<p>B. Full Name (Last, First, Middle Initial) IRION, DAWN</p> <p>Mailing Address 9040 EXECUTIVE PARK DR. STE. 200</p> <p>City KNOXVILLE State TN Zip Code </p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer LIBERTY LEGAL FOUNDATION Occupation VP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date 50.00</p>		<p>Date of Receipt 02 07 2012</p> <p>Amount of Each Receipt this Period 50.00</p>
<p>C. Full Name (Last, First, Middle Initial) JACKSON, DOROTHY</p> <p>Mailing Address 5707 ALTA VISTA AVE.</p> <p>City SAN DIEGO State CA Zip Code 92114</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED RN Occupation </p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date 10.00</p>		<p>Date of Receipt 02 13 2012</p> <p>Amount of Each Receipt this Period 10.00</p>

SUBTOTAL of Receipts This Page (optional).....▶

70.00

TOTAL This Period (last page this line number only).....▶

12030782966

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:			PAGE	OF
(check only one)				
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) KOEN, HARRY		Date of Receipt MM / DD / YYYY 02 08 2012
Mailing Address 6322 WHITAKER DRIVE		Amount of Each Receipt this Period 25.00
City CORPUS CHRISTI	State TX Zip Code 78412	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

B. Full Name (Last, First, Middle Initial) KESHLEAR, MELISSA		Date of Receipt MM / DD / YYYY 02 08 2012
Mailing Address 8401 SAGE MOUNTAIN TRAIL		Amount of Each Receipt this Period 10.00
City AUSTIN	State TX Zip Code 78736	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation DOG BREEDER / TRAINER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

C. Full Name (Last, First, Middle Initial) KIRK, BEN		Date of Receipt MM / DD / YYYY 02 06 2012
Mailing Address 4054 EVENING TRAIL SPRING		Amount of Each Receipt this Period 25.00
City TX	State TX Zip Code 78213	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

SUBTOTAL of Receipts This Page (optional)..... **60.00**

TOTAL This Period (last page this line number only).....

12030782967

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) KLEIN, JOSEPH		Date of Receipt MM / DD / YYYY 02 / 02 / 2012
Mailing Address 345 TOWNE VUE DR.		Amount of Each Receipt this Period 25.00
City CASTLE HILLS	State TX	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

B. Full Name (Last, First, Middle Initial) MACMILLAN, JERRI		Date of Receipt MM / DD / YYYY 02 / 08 / 2012
Mailing Address 8 SOUTH WINDS DRIVE		Amount of Each Receipt this Period 50.00
City ESSEX	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation UNEMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

C. Full Name (Last, First, Middle Initial) MAEHATA, ASATO		Date of Receipt MM / DD / YYYY 02 / 03 / 2012
Mailing Address P.O. BOX 1632		Amount of Each Receipt this Period 50.00
City VIRGINIA BEACH	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional).....▶

125.00

TOTAL This Period (last page this line number only).....▶

12030782968

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)					
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MAGSAYSAY, CORAZON		Date of Receipt MM / DD / YYYY 02 / 03 / 2012
Mailing Address 701 N. IDAHO ST.		Amount of Each Receipt this Period 10.00
City SAN MATEO	State Zip Code CA 94401	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

Full Name (Last, First, Middle Initial) B. MARONEY, CREG		Date of Receipt MM / DD / YYYY 02 / 03 / 2012
Mailing Address 2153 RT 44		Amount of Each Receipt this Period 500.00
City PLEASANT VALLEY	State Zip Code NY 12569	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation SELF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. McCLURG, LARRY		Date of Receipt MM / DD / YYYY 02 / 06 / 2012
Mailing Address 5515 PALMETTO DRIVE		Amount of Each Receipt this Period 5.00
City FORT PIERCE	State Zip Code FL 34982	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5.00	

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

515.00

12030782969

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **MCKENNA, PATRICK**

Mailing Address

1014 HILLCREST DRIVE

City

BRANCHBURG

State

NJ

Zip Code

08853

FEC ID number of contributing
federal political committee.

C

Name of Employer

VERIZON

Occupation

PROJECT MGR.

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

02 08 2012

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. **MONTALVO, EVELYN**

Mailing Address

1906 WILDWOOD LANE

City

RICHMOND

State

TX

Zip Code

77406

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED RN

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

02 07 2012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. **MUELLER, SHARON**

Mailing Address

1610 PEGASUS WAY

City

SAN MARCOS

State

CA

Zip Code

92069

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOME MAKER

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

02 08 2012

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

160.00

TOTAL This Period (last page this line number only).....

12030782970

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **NADER, ALFRED**

Mailing Address

3519 RODESCO CT. SE

City

PUYALLUP

State

WA

Zip Code

98374

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

02 07 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. **PATTISON, MABEL**

Mailing Address

5364 MAJESTIC OAK CIR.

City

ST. CLOUD

State

FL

Zip Code

34771

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

02 08 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. **PETERS, PARNIE**

Mailing Address

6302 BEAR LAKE TERRACE

City

APOLKA

State

FL

Zip Code

32703

FEC ID number of contributing
federal political committee.

C

Name of Employer

DOMESTIC

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

02 03 2012

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶

75.00

TOTAL This Period (last page this line number only).....▶

12030782971

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **PETERSON, JUDY**

Mailing Address

5031 HAMPSHIRE DRIVE

City

FAYETTEVILLE

State

NC

Zip Code

28311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HOME MAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

02 07 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. **PIZZUTO, JOHN**

Mailing Address

13925 PARKWAY DR.

City

GARDEN GROVE

State

CA

Zip Code

92843

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF

MFG. ELECT. IGNITION

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

02 07 2012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. **PRICE, WILLIAM**

Mailing Address

216 VALLEY ST.

City

CUMBERLAND

State

MD

Zip Code

21502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

20.00

Date of Receipt

02 03 2012

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional).....▶

55.00

TOTAL This Period (last page this line number only).....▶

12030782972

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **QUIGLEY, THOMAS**

Mailing Address

89 NESTRO ROAD

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOWNSHIP OF W. ORANGE

Occupation

FIREFIGHTER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

02 06 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. **REESE, ANNE**

Mailing Address

47 MENTORIA DR.

City

E. WILLISTON

State

NY

Zip Code

11596

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

DOMESTIC

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

02 03 2012

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. **RIDGUT, ELLEN**

Mailing Address

2802 LONG GATE CT.

City

MIDLOTHIAN

State

VA

Zip Code

23112

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

02 22 2012

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶

125.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **ROSNER, ARNIE**

Mailing Address

8905 RHINE RIVER AVE.

City

FOUNTAIN VALLEY CA

State

Zip Code

92708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 03 2012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. **ROSSIE, CHRISTOPHER**

Mailing Address

6 SOUTH MOUNTAIN RD.

City

BINGHAMPTON NY

State

Zip Code

13903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

02 07 2012

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. **SANDERS, MONICA**

Mailing Address

500 LONG POINT LANE

City

TOPPING

State

Zip Code

VA

23169

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

02 07 2012

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....▶

650.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **SAVARYN, OSCAR**

Mailing Address

410 OAK HILL CT. A3

City

WESTMINSTER

State

MD

Zip Code

21157

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

UNEMPLOYED

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

02 02 2012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. **SHAW, BARBARA**

Mailing Address

428 WALDROP RD.

City

GORDONSVILLE

State

VA

Zip Code

22942

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

WON OFFICE OF ROBERT P. INDIAN

LEGAL SECRETARY

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

02 02 2012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. **SHERARD, ROBERT**

Mailing Address

970 SAVANNAH ST.

City

CALHOUN FALLS SC

State

SC

Zip Code

29628

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

SELF

RANCHER

Receipt For:

☐ Primary
☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

02 06 2012

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ▶

30.00

TOTAL This Period (last page this line number only)..... ▶

12030782975

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **SLATER, MARK**

Mailing Address

24442 SEAGROVE AVE.

City

WILMINGTON

State

CA

Zip Code

90744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

02 08 2012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. **SNAPPER, IRA**

Mailing Address

8 GLACIAL LAKE COURT

City

CORAM

State

NY

Zip Code

11727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

02 02 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. **SORCE, KENNETH**

Mailing Address

1220 BEUCLER LN

City

PAGOSA SPRINGS CO

State

CO

Zip Code

81147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

DISABLED VET

USMC

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

02 07 2012

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶

45.00

TOTAL This Period (last page this line number only).....▶

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **STUART, SUSAN**

Mailing Address

12165 RIPKEN CIR. N

City

JACKSONVILLE

State

FL

Zip Code

32224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UNEMPLOYED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

02 08 2012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. **TEMPLE, BARBARA**

Mailing Address

51198 HIGHLAND ROAD #191

City

WATERFORD

State

MI

Zip Code

48327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

25.00

Date of Receipt

02 07 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. **TOBIN, JAN**

Mailing Address

1336 WHITCOMB AVE.

City

DES PLAINES

State

IL

Zip Code

60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

02 07 2012

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....

45.00

TOTAL This Period (last page this line number only).....

12030782977

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **TOLLIVER, JR., PRESTON**

Mailing Address

2635 W. 86TH ST.

City

CHICAGO

State

IL

Zip Code

60652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

MINISTER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

02 03 2012

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. **WEINER, JENNIFER**

Mailing Address

274 BRITTON ROAD

City

MONTICELLO

State

ME

Zip Code

04760

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OWNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

02 06 2012

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. **WENGER, CARL**

Mailing Address

526 MODRINGS

City

ARNOLD

State

MD

Zip Code

21012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

02 22 2012

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶

300.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **WERTZBERGER, JOSEPH**

Mailing Address

4010 CHATTAHOOCHEE TRACE

City

DULUTH

State

GA

Zip Code

30097

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

02 07 2012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. **WILKINSON, LAURA**

Mailing Address

2202 MATTHEWS DR.

City

AUSTIN

State

TX

Zip Code

78703

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UNEMPLOYED

ANALYST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10.00

Date of Receipt

02 02 2012

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. **WILMOTT, GARY**

Mailing Address

465 PARKVIEW CT.

City

SIM VALLEY

State

CA

Zip Code

93065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

LEGAL

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

02 18 2012

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....▶

220.00

TOTAL This Period (last page this line number only).....▶

12030782979

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **WODZNIAK, RICHARD**

Mailing Address

PO BOX 1125

City

NEW HYDE PARK NY 11040

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

UNEMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

02 07 2012

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. **ZARKOS, WILLIAM**

Mailing Address

7767 TOMMY ST. #14

City

SAN DIEGO CA 92119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ITT OPERATION VANDENBERG AFB

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

02 07 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. **BRODNAN, EDWARD**

Mailing Address

233 SAWMILL RUN DRIVE

City

CANFIELD OH 44406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

02 28 2012

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶

175.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
SELLERS, RALPH

Mailing Address
357 HWY F

City **CUBA** State **MO** Zip Code **65453**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
35.00

Date of Receipt

02 / 28 / 2012

Amount of Each Receipt this Period

35.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

,

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

,

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

35.00
[FEBRUARY 2012] 3,815.00

12030782981

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ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) BLAKE, MARY			Date of Receipt MM / DD / YYYY 03 26 2012
Mailing Address P.O. BOX 1450 TALLAHASSEE			Amount of Each Receipt this Period , , 25.00
City TALLAHASSEE	State FL	Zip Code 32309	
FEC ID number of contributing federal political committee. C			
Name of Employer DIAMOND PACKING		Occupation CASHIER	Amount of Each Receipt this Period , , 35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 35.00	

B. Full Name (Last, First, Middle Initial) BLENNAN, TERENCE			Date of Receipt MM / DD / YYYY 03 07 2012
Mailing Address 2903 W. NEW HAVEN AV. UNIT 304			Amount of Each Receipt this Period , , 20.00
City MELBOURNE	State FL	Zip Code 32904	
FEC ID number of contributing federal political committee. C			
Name of Employer SELF		Occupation ENGINEER	Amount of Each Receipt this Period , , 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 20.00	

C. Full Name (Last, First, Middle Initial) BRUCKER, SALLY			Date of Receipt MM / DD / YYYY 03 19 2012
Mailing Address 259 MAPLE HILL RD.			Amount of Each Receipt this Period , , 100.00
City TONEY	State AL	Zip Code 35773	
FEC ID number of contributing federal political committee. C			
Name of Employer BUS. MGMT. RESOURCES		Occupation SECRETARY	Amount of Each Receipt this Period , , 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 150.00	

SUBTOTAL of Receipts This Page (optional).....▶

, , 145.00

TOTAL This Period (last page this line number only).....▶

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **COLLINS-LESLIE, LANA**

Mailing Address

35 W. MAIN ST. STE. B

City

VENTURA

State

CA

Zip Code

93001

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

RETIRED TEACHER

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

03 / 13 / 2012

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. **CRUZ, LUIS F.**

Mailing Address

16 CORNWELL ST.

City

ROCKVILLE CENTRE

State

NY

Zip Code

11570

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

03 / 26 / 2012

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. **DEBEAUX, ROBERT**

Mailing Address

4717 SAINT THOMAS PL

City

FORT WORTH

State

TX

Zip Code

76135

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

TECHNICIAN

Receipt For:

☐ Primary ☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

03 / 28 / 2012

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶

300.00

TOTAL This Period (last page this line number only).....▶

12030782983

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **FERRANDO, MICHAEL**

Mailing Address

9326 DUBARRY AVE.

City

LANHAM

State

MD

Zip Code

20706

FEC ID number of contributing
federal political committee.

C

Name of Employer

LIBRARY OF CONGRESS

Occupation

PROGRAMMER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 / 20 / 2012

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. **GAGER, THEODORE**

Mailing Address

757 HUGUENOT AVE.

City

STATEN ISLAND

State

NY

Zip Code

10312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

03 / 23 / 2012

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. **GRANADOS, SHARON**

Mailing Address

102 PINEHURST GREENWAY

City

GREENVILLE

State

SC

Zip Code

29609

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

DOMESTIC

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

03 / 28 / 2012

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶

125.00

TOTAL This Period (last page this line number only).....▶

125.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. HAVIS, LEE		Date of Receipt MM / DD / YYYY 03 / 19 / 2012
Mailing Address 6812 DARTMOUTH AVE.		Amount of Each Receipt this Period 50.00
City COLLEGE PARK MD	State Zip Code MD 20740	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) B. HONG, LYNDON		Date of Receipt MM / DD / YYYY 03 / 28 / 2012
Mailing Address 67-41 BURNS ST. APT. 614		Amount of Each Receipt this Period 25.00
City FOREST HILLS NY	State Zip Code NY 11375	
FEC ID number of contributing federal political committee. C		
Name of Employer CATE FIORELLOS	Occupation WAITER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.00	

Full Name (Last, First, Middle Initial) C. JONES, SHERRI LEE		Date of Receipt MM / DD / YYYY 03 / 26 / 2012
Mailing Address P.O. BOX 172		Amount of Each Receipt this Period 25.00
City RUFUS	State Zip Code OR 97050	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

SUBTOTAL of Receipts This Page (optional)..... **100.00**

TOTAL This Period (last page this line number only).....

12030782985

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Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **KEEN, HARRY**

Mailing Address

6322 WHITAKER DR.

City

CORPUS CHRISTI TX 78412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

03 21 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. **LAUDENSLAGER, DALE**

Mailing Address

8729 LYON VALLEY RD.

City

NEW TRIPOLE PA 18066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF

INTERNET SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

03 22 2012

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. **LYNN, ROBERT**

Mailing Address

3899 HWY. 125 N.

City

NASHVILLE GA. 31639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

03 16 2012

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

150.00

12030782986

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MARDNEY, CREG		Date of Receipt M M / D D / Y Y Y Y 03 23 2012
Mailing Address 2153 RT. 44		Amount of Each Receipt this Period , 250.00
City PURBANT VALLEY	State Zip Code NY 12569	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 750.00	

Full Name (Last, First, Middle Initial) B. MERTZ, JACK R.		Date of Receipt M M / D D / Y Y Y Y 03 26 2012
Mailing Address 3353 ATWELL AVE.		Amount of Each Receipt this Period , 10.00
City LADY LAKE	State Zip Code FL 32162	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation SELF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 20.00	

Full Name (Last, First, Middle Initial) C. PHILLABUM, THERESA		Date of Receipt M M / D D / Y Y Y Y 03 21 2012
Mailing Address 1606 BROAD ST. APT. #1		Amount of Each Receipt this Period , 50.00
City GREENSBURG	State Zip Code PA 15601	
FEC ID number of contributing federal political committee. C		
Name of Employer DYNAMEX	Occupation MEDICAL COURIER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 50.00	

SUBTOTAL of Receipts This Page (optional)..... **, 310.00**

TOTAL This Period (last page this line number only).....

12030782987

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **PROVETER, ANN**

Mailing Address

26590 GREENVILLE DRIVE

City

PARDYSBURG

State

OH

Zip Code

43557

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

03 07 2012

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. **RICOTTA, KANDY**

Mailing Address

29860 N. 77th. PLACE

City

SCOTTSDALE

State

AZ

Zip Code

85266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED RN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 19 2012

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. **ROSSIE, CHRISTAHER**

Mailing Address

6 SOUTH MOUNTAIN RD.

City

BINGHAMPTON

State

NY

Zip Code

13903-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

03 23 2012

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶

1,350.00

TOTAL This Period (last page this line number only).....▶

12030782988

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Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) RUDI, MILTON		Date of Receipt MM/DD/YYYY 03/14/2012
Mailing Address 532 SUSAN RD.		Amount of Each Receipt this Period , 200.00
City ST. LOUIS	State MO	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date , 200.00
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) RZESZUTEK, CANDICE		Date of Receipt MM/DD/YYYY 03/19/2012
Mailing Address 68441 WINLOCK CT.		Amount of Each Receipt this Period , 50.00
City WASHINGTON	State MI	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date , 50.00
Name of Employer FDI	Occupation NURSE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) SAVARYN, OSCAR		Date of Receipt MM/DD/YYYY 03/26/2012
Mailing Address 410 OAK HILL CT. A3		Amount of Each Receipt this Period , 25.00
City WESTMINSTER	State MD	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date , 35.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)..... ▶

, 275.00

TOTAL This Period (last page this line number only)..... ▶

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(check only one)					
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<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) SHEA, ELIZABETH		Date of Receipt M M / D D / Y Y Y Y 03 27 2012
Mailing Address 5504 SANIBEL DR.		Amount of Each Receipt this Period 10.00
City MINNETONKA	State Zip Code MN 55343	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation DOMESTIC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 10.00

B. Full Name (Last, First, Middle Initial) SOLT, RICHARD		Date of Receipt M M / D D / Y Y Y Y 03 07 2012
Mailing Address 1379 SUNSET BEACH DR.		Amount of Each Receipt this Period 25.00
City NICEVILLE	State Zip Code FL 32578	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25.00

C. Full Name (Last, First, Middle Initial) THOMAS, R. J.		Date of Receipt M M / D D / Y Y Y Y 03 26 2012
Mailing Address 9 MORGAN DRIVE UNIT 109		Amount of Each Receipt this Period 25.00
City NATICK	State Zip Code MA 01780	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation DOCTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25.00

SUBTOTAL of Receipts This Page (optional)..... **60.00**

TOTAL This Period (last page this line number only).....

12030782990

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) UTLEY, MELTON</p>		<p>Date of Receipt M M / D D / Y Y Y Y 03 29 2012</p>
<p>Mailing Address 3095 CONARTY RD.</p>		<p>Amount of Each Receipt this Period 100.00</p>
<p>City MALACA</p>	<p>State WA</p>	
<p>Zip Code 98828</p>		
<p>FEC ID number of contributing federal political committee. C</p>		
<p>Name of Employer</p>	<p>Occupation SELF</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 100.00</p>
<p>B. Full Name (Last, First, Middle Initial) WALTON, SHIRLEY</p>		<p>Date of Receipt M M / D D / Y Y Y Y 03 07 2012</p>
<p>Mailing Address 1301 W. NECTARINE AVE.</p>		<p>Amount of Each Receipt this Period 25.00</p>
<p>City LOMPOC</p>	<p>State CA</p>	
<p>Zip Code 93436</p>		
<p>FEC ID number of contributing federal political committee. C</p>		
<p>Name of Employer</p>	<p>Occupation RETIRED</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 25.00</p>
<p>C. Full Name (Last, First, Middle Initial) WEINER, JENNIFER</p>		<p>Date of Receipt M M / D D / Y Y Y Y 03 23 2012</p>
<p>Mailing Address 274 BRITTON RD.</p>		<p>Amount of Each Receipt this Period 25.00</p>
<p>City MONTICELLO</p>	<p>State ME</p>	
<p>Zip Code 04760</p>		
<p>FEC ID number of contributing federal political committee. C</p>		
<p>Name of Employer SELF</p>	<p>Occupation RADIO STATION OWNER</p>	
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 75.00</p>

SUBTOTAL of Receipts This Page (optional).....▶

150.00

TOTAL This Period (last page this line number only).....▶

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) WENGER, CARL		Date of Receipt MM / DD / YYYY 03 / 19 / 2012
Mailing Address 526 MDDRINGS CIRCLE		Amount of Each Receipt this Period 200.00
City ARNOLD	State MD.	
Zip Code 21012		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	Aggregate Year-to-Date ▼ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial)		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial)		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	
Zip Code		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	Aggregate Year-to-Date ▼
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶

200.00

TOTAL This Period (last page this line number only).....▶

9,446.50

2012

12030782992

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

A.

CITRIX

Date of Disbursement

01 / 01 / 2012

Mailing Address

4988 GREAT AMERICA PKWY.

City

SANTA CLARA CA 95054

Purpose of Disbursement

TELECONFERENCING SERVICES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

49.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

DAY PASS WIRELESS

Date of Disbursement

01 / 25 / 2012

Mailing Address

2316 25th AVE COURT NE

City

HICKORY NC 28601

Purpose of Disbursement

MI-FI

004

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

47.73

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

MULTI-MEDIA PROS

Date of Disbursement

01 / 24 / 2012

Mailing Address

P.O. BOX 1017

City

SAUGUS MA 01906

Purpose of Disbursement

LIVESTREAM SERVICES

004

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

599.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

695.73

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

A. MULTI-MEDIA PROS		Date of Disbursement 01 / 25 / 2012
Mailing Address P.O. BOX 1017		
City SAUGUS	State MA	Zip Code 01906
Purpose of Disbursement LIVESTREAM SERVICES	Amount of Each Disbursement this Period 450.00	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

B. MULTI-MEDIA PROS		Date of Disbursement 01 / 27 / 2012
Mailing Address P.O. BOX 1017		
City SAUGUS	State MA	Zip Code 01906
Purpose of Disbursement LIVESTREAM SERVICES	Amount of Each Disbursement this Period 1,045.00	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

C. PIRYX		Date of Disbursement 01 / / 2012
Mailing Address 144 2ND. ST. 1ST FLOOR		
City SAN FRANCISCO	State CA	Zip Code 94105
Purpose of Disbursement ONLINE TRANSACTION FEES	Amount of Each Disbursement this Period 51.77	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

SUBTOTAL of Disbursements This Page (optional)..... **1,546.77**

TOTAL This Period (last page this line number only).....

12030782994

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

A.

DANIELS, SUSAN

Date of Disbursement

Mailing Address

9754 THWING RD.

02 12 2012

City

CHARDON

State

OH

Zip Code

44024

Purpose of Disbursement

PROFESSIONAL SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

100.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

WROTONSKI, CONT

Date of Disbursement

Mailing Address

02 14 2012

City

GREENWICH

State

CT.

Zip Code

Purpose of Disbursement

ADVERTISING

004

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

950.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

HASKINS, DEAN

Date of Disbursement

Mailing Address

109 CARRIAGE HILL

03 08 2012

City

FOREST

State

VA

Zip Code

24551

Purpose of Disbursement

TRAVEL EXPENSES - PRESS. CONF.

002

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

206.26

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

1,256.26

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

A. **GAROUTTE, RICH**

Mailing Address

City **EUGENE** State **OR** Zip Code

Purpose of Disbursement

TRAVEL - HOTEL - RETREAT CONF

Candidate Name

002
Category/
Type

Date of Disbursement

03 / 18 / 2012

Amount of Each Disbursement this Period

, 951.28

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. **CITRIX**

Mailing Address **4988 GREAT AMERICA PKWY.**

City **SANTA CLARA** State **CA** Zip Code **95054**

Purpose of Disbursement

TELECONFERENCING SERVICES

Candidate Name

001
Category/
Type

Date of Disbursement

02 / 01 / 2012

Amount of Each Disbursement this Period

, 49.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. **CITRIX**

Mailing Address **4988 GREAT AMERICA PKWY.**

City **SANTA CLARA** State **CA** Zip Code **95054**

Purpose of Disbursement

TELECONFERENCING SERVICES

Candidate Name

001
Category/
Type

Date of Disbursement

03 / 01 / 2012

Amount of Each Disbursement this Period

, 49.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

1,049.28

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC.

Full Name (Last, First, Middle Initial)

A. **PIRYX**

Date of Disbursement

02 01 2012

Mailing Address

144 2ND. ST. 1ST. FLOOR

City

State

Zip Code

SAN FRANCISCO CA 94105

Purpose of Disbursement

ONLINE TRANSACTION FEES

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

, 142.29

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. **PIRYX**

Date of Disbursement

03 01 2012

Mailing Address

144 2ND. ST. 1ST. FLOOR

City

State

Zip Code

SAN FRANCISCO CA 94105

Purpose of Disbursement

ONLINE TRANSACTION FEES

Candidate Name

001
Category/
Type

Amount of Each Disbursement this Period

, 72.27

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. **DIGITAL RIVER GMBH**

Date of Disbursement

03 23 2012

Mailing Address

City

State

Zip Code

Purpose of Disbursement

VID-BLASTER

Candidate Name

004
Category/
Type

Amount of Each Disbursement this Period

, 195.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►

409.56

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

A. **DAY PASS WI-FI**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

MI-FI

Candidate Name

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

02 / 23 / 2012

Amount of Each Disbursement this Period

39.27

Full Name (Last, First, Middle Initial)

B. **MULTI-MEDIA PROS**

Mailing Address

P.O. BOX 1017

City

State

Zip Code

SATUGUS

MA

01906

Purpose of Disbursement

LIVESTREAM SERVICES

Candidate Name

004

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

03 / 06 / 2012

Amount of Each Disbursement this Period

29.95

Full Name (Last, First, Middle Initial)

C. **U.S. AIRWAYS**

Mailing Address

4000 E. SKY HARBOR BLVD

City

State

Zip Code

PHOENIX

AZ

85281

Purpose of Disbursement

AIRFARE TO LIVESTREAM IN AZ R.T.

Candidate Name

002

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

02 / 24 / 2012

Amount of Each Disbursement this Period

636.20

SUBTOTAL of Disbursements This Page (optional).....▶

705.42

TOTAL This Period (last page this line number only).....▶

12030782998

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

A.

AMAZON ONLINE

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2012

Amount of Each Disbursement this Period

, 337.99

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

, ,

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

, ,

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

, 337.99

6,001.01

SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC.

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount

Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount

Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount

Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount

Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER C	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan	Interest Rate (APR) %
Mailing Address		Date Incurred or Established M M / D D / Y Y Y Y	
City	State	Zip Code	Date Due M M / D D / Y Y Y Y
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred M M / D D / Y Y Y Y			
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the value of this collateral? Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the estimated value?	
A depository account must be established pursuant to 11 CFR 100.82(o)(2) and 100.142(e)(2). Date account established: M M / D D / Y Y Y Y		Location of account: Address: City, State, Zip:	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE M M / D D / Y Y Y Y	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE M M / D D / Y Y Y Y	
Title			

12030783001

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/> 9	<input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

1) SUBTOTALS This Period This Page (optional).....▶	
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

12030783002

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

FEC IDENTIFICATION NUMBER ▼

C

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

MM / DD / YYYY

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full)					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:			Full Name of Subordinate Committee		
			Mailing Address		
			City	State	ZIP Code
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure	Category/Type	
Mailing Address			Date	<input type="text"/> M <input type="text"/> M <input type="text"/> D D / Y Y Y Y	
City	State	Zip Code	Amount		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:		
Aggregate General Election Expenditure for this Candidate ▶					
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure	Category/Type	
Mailing Address			Date	<input type="text"/> M <input type="text"/> M <input type="text"/> D D / Y Y Y Y	
City	State	Zip Code	Amount		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:		
Aggregate General Election Expenditure for this Candidate ▶					
Full Name (Last, First, Middle Initial) of Each Payee			Purpose of Expenditure	Category/Type	
Mailing Address			Date	<input type="text"/> M <input type="text"/> M <input type="text"/> D D / Y Y Y Y	
City	State	Zip Code	Amount		
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: District:		
Aggregate General Election Expenditure for this Candidate ▶					
SUBTOTAL of Expenditures This Page (optional)..... ▶					
TOTAL This Period (last page this line number only)..... ▶					

12030783004

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- ☐ Presidential-Only Election Year (28% Federal)
- ☐ Presidential and Senate Election Year (36% Federal)
- ☐ Senate-Only Election Year (21% Federal)
- ☐ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>..... %</p>	<p>NONFEDERAL %</p> <p>..... %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>..... %</p>	<p>NONFEDERAL %</p> <p>..... %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>..... %</p>	<p>NONFEDERAL %</p> <p>..... %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>..... %</p>	<p>NONFEDERAL %</p> <p>..... %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>..... %</p>	<p>NONFEDERAL %</p> <p>..... %</p>
<p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p>..... %</p>	<p>NONFEDERAL %</p> <p>..... %</p>

12030783006

**SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE	OF
FOR LINE 18a OF FORM 3X	

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

- i) Total Administrative \$ *
- ii) Generic Voter Drive \$ *
- iii) Exempt Activities \$ *
- iv) Direct Fundraising (List Activity or Event Identifier)
- a) \$ *
- b) \$ *
- c) Total Amount Transferred For Direct Fundraising \$ *
- v) Direct Candidate Support (List Activity or Event Identifier)
- a) \$ *
- b) \$ *
- c) Total Amount Transferred For Direct Candidate Support \$ *
- vi) Public Communications Referring Only to Party (Made by PAC) \$ *

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) \$ *

TOTAL This Period (Generic Voter Drive) \$ *

TOTAL This Period (Exempt Activities) \$ *

TOTAL This Period (Direct Fundraising) \$ *

TOTAL This Period (Direct Candidate Support) \$ *

TOTAL This Period (Public Communications Referring Only to Party) \$ *

TOTAL This Period (Total Amount Transferred) \$ *

12030783007

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

12030783008

SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID.....

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV.....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF THIS TRANSFER

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID.....

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV.....

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

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SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30a OF FORM 3X	

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/
Type

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/
Type

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration ☐ GOTV
☐ Voter ID ☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City State Zip Code

Purpose of Disbursement

Category/
Type

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE TOTAL AMOUNT

LEVIN SHARE

TOTAL This Period for the Levin Share

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)		
NAME OF ACCOUNT		
	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS		
(Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS		
(Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND		
(for Column B, use cash as of January 1st)		
8. RECEIPTS		
(from Line 3)		
9. SUBTOTAL		
(Add Lines 7 and 8)		
10. DISBURSEMENTS		
(From Line 6)		
11. ENDING CASH ON HAND		
(Subtract Line 10 From Line 9)		

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SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 1a

☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
			M M / D D / Y Y Y Y
A. Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Business			
Occupation			
Aggregate Year-to-Date			
B. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
			M M / D D / Y Y Y Y
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Business			
Occupation			
Aggregate Year-to-Date			
C. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
			M M / D D / Y Y Y Y
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Business			
Occupation			
Aggregate Year-to-Date			
D. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Receipt
			M M / D D / Y Y Y Y
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
Name of Employer or Principal Place of Business			
Occupation			
Aggregate Year-to-Date			
SUBTOTAL of Receipts This Page (optional).....			
TOTAL This Period (last page this line number only).....			

SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS

Use separate schedule(s)
for each category of the
Aggregation Page

FOR LINE NUMBER:
(check only one)

PAGE

OF

☐ 4a
☐ 4b

☐ 4c
☐ 4d

☐ 5

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			\$, \$ "
B. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			\$, \$ "
C. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			\$, \$ "
D. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			\$, \$ "
E. Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			\$, \$ "

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ USPS First Class Mail Postmarked

☐ USPS Registered/Certified Postmarked (R/C)

☒ USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐

☐ USPS Express Mail Postmarked

☒ Postmark Illegible

☐ No Postmark

☐ Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked


PREPARER


DATE PREPARED